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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where m

indicated unless corrected maintenance fee notification	helow or directed oth	erwise in Block 1, by (a) specifying a new co	orresp	condence address	ss; and/or	(b) indicating a sepa	rate "FEE AL	DRESS" for	
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21839 75	Certificate of Mailing or Transmission									
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		N. A.	Man was Sir					Œ	epositor's name)	
									(Signature)	
									(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR		ATTOR	NEY DOCKET NO.	CONFIRMA	FION NO.	
10/591,691 07/10/2007		Barry Howard Lee			0075664-000005		3036			
TITLE OF INVENTION: T	CAPE MEASURES PR	OVIDING ACCESS TO	THE SPOOLED BLA	ADE	07/	31/2009	LNGUYEN2 00000	37 1059169	1	
						FC:1501			0.00 OP	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAIDIS	FC:1504 花:配	TOTAL FEE(S) DUE	DA	9.00 OP	
nonprovisional	NO	\$1510	\$300		\$0		\$1810		4/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS	3						
SMITH, RICHARD A		2841	033-769000							
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3							
Number is required.			listed, no name wi			·				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.										
(A) NAME OF ASSIGN	(B) RESIDENCE: (C			COUNT	RY)					
FISCO TOOLS LIMITED RAYLEIGH ESSEX, GREAT BRITAIN										
Please check the appropriate assignee category or categories (will not be printed on the patent):										
4a. The following fee(s) are State Fee Publication Fee (No. 2) Advance Order - # o	ib. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4800 (enclose an extra copy of this form).									
5. Change in Entity Status			b. Applicant is no	o long	ger claiming SM	ALL ENT	TTY status. See 37 C	FR 1.27(g)(2).		
NOTE: The Issue Fee and I interest as shown by the rec			ed from anyone other the Office.	han ti	ne applicant; a re	gistered a	ttorney or agent; or t	ne assignee or	other party in	
Authorized Signature	Koot li	1.Un	4				0, 2009			
Typed or printed name	Scott W. C	Cummings /	/		Registration	No	41,567			
This collection of informati an application. Confidential submitting the completed a this form and/or suggestion Box 1450. Alexandria, Virg Alexandria. Virginia 22313 Under the Paperwork Redu	lity is governed by 35 application form to the is for reducing this built in 22313-1450. DC i-1450.	U.S.C. 122 and 37 CFR USPTO. Time will var uden, should be sent to the NOT SEND FEES OR	y depending upon the e Chief Information C COMPLETED FORM	is est indiv. Office IS TO	imated to take 1 idual case. Any r, U.S. Patent at DTIIS ADDRE	comments nd Tradem SS. SEND	on the amount of the control of the	me you require artment of Confor Patents, P.	e to complete mmerce, P.O.	